## MULTIPLE DE NDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

APPLICANT(S)

SERIAL NO.

CLAIMS

FILING DATE

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|                        | ASI          | TLED         | AFTER  1"AMENDMENT |               | AFTER  2 MAMENDMENT                              |          |
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|          | - t           | 61          |             |               |  |               |              |                   |  |
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|          | <u> </u>      | 67          |             |               |  |               |              |                   |  |
|          | -             | 68          |             |               |  |               |              |                   |  |
|          | -             | 69          |             |               |  |               |              | -+                |  |
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|          |               | 71          |             |               |  |               |              |                   |  |
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TO-194 (REV. 1444)

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